



# Application for Employment

## City of Hutto

**EQUAL OPPORTUNITY EMPLOYER:** The City Of Hutto does not discriminate on the basis of race, color, religion, sex, age, national origin, disability, or veteran status.

**Submit to:**  
Human Resources  
City of Hutto  
401 West Front St.  
P.O. Box 639  
Hutto, Texas 78634  
Phone: (512) 759-1011  
Fax: (512) 846-2653

### General Information

|                      |                     |
|----------------------|---------------------|
| Position applied for | Date of application |
|----------------------|---------------------|

|                                 |               |       |                        |
|---------------------------------|---------------|-------|------------------------|
| Name                            | Last          | First | Middle                 |
| Address (Street/Route/P.O. Box) |               | City  | State                  |
|                                 |               |       | Zip Code               |
| Telephone                       | Email Address |       | Social Security Number |
| (     )                         |               |       |                        |

|  |  |
|--|--|
| <p>Do you have a valid Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>State _____ Lic. # _____</p> <p>Exp. Date _____ Type _____</p> <p>Can you show proof of eligibility to work in this country? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Are you under 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Have you been employed under any other name? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please list: _____</p> | <p>Are you related by kinship or marriage to any City of Hutto employee or City Council member? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please give name &amp; relationship: _____</p> <p>Have you been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No<br/>(For consideration on certain positions)</p> <p>If yes, explain: _____</p> <p>Date available for work: _____</p> <p>Available for: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time<br/><input type="checkbox"/> Temporary <input type="checkbox"/> Shift</p> |
|--|--|

### Education & Training

| Circle the highest grade completed    1   2   3   4   5   6   7   8   9   10   11   12 |          |       |                                      |
|--|----------|-------|--------------------------------------|
| Did you graduate/achieve GED? <input type="checkbox"/> Yes <input type="checkbox"/> No |          |       |                                      |
| Higher Education Institution*  | Location | Major | Type of degree or certificate earned |
|  |          |       |                                      |
|  |          |       |                                      |
|  |          |       |                                      |
|  |          |       |                                      |
|  |          |       |                                      |

\*Please include undergraduate colleges or universities, graduate schools and technical, vocational or business schools.

Special Skills/Qualifications

Add any additional special job-related skills or qualification you may have received from your experiences (e.g., foreign language proficiency, office or special equipment you can use and types of computer software and hardware:

If a license, certificate or other authorization is required or related to the position for which you are applying, complete the following:

| License/Certificate<br>(i.e. PE, RN, CPA, etc) | Date Issued | Issued by<br>(State or other Authority) | License Number | Location of issuing<br>Authority (City/State) |
|--|-------------|---|----------------|---|
|  |             |   |                |   |

Employment Record

Instructions: Beginning with your most recent job, list below jobs which you have held and specifically describe duties performed. Include any job-related military service assignments or volunteer work. **YOU MAY ATTACH A RESUME IF YOU WISH, BUT YOU MUST FILL OUT THIS SECTION FULLY.** If you need additional space, please continue on a separate sheet of paper.

LIST NAME, ADDRESS & PHONE NUMBER OF PREVIOUS EMPLOYERS WITH MOST RECENT EMPLOYER FIRST

Job Title:

From:

To:

Immediate Supervisor:

Last salary (Hr., Mo., or Yr.):

Employer Name:

Phone:

Address:

Duties:

Reason for leaving:

Job Title:

From:

To:

Immediate Supervisor:

Last salary (Hr., Mo., or Yr.):

Employer Name:

Phone:

Address:

Duties:

Reason for leaving:

Job Title: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Immediate Supervisor: \_\_\_\_\_ Last salary (Hr., Mo., or Yr.): \_\_\_\_\_

Employer Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Job Title: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Immediate Supervisor: \_\_\_\_\_ Last salary (Hr., Mo., or Yr.): \_\_\_\_\_

Employer Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**References** – (Give name, address, telephone number and e-mail address of three persons excluding relatives and previous supervisors)

| Name | Address | Telephone | E-mail |
|------|---------|-----------|--------|
|      |         |           |        |
|      |         |           |        |
|      |         |           |        |

**Applicant's Statement (Please read and sign below)**

I certify that all answers given in this application are true and complete. I also understand that any offer of employment may be conditional upon the satisfactory results of a medical evaluation, drug screening and driver's license check. I authorize investigation of all statements contained in this application for employment, as may be necessary in arriving at an employment decision and do not hold the City or any other individual involved in this investigation liable for information obtained in this process. I also understand that false or misleading information given in my interview or this application may result in elimination from consideration for employment or discharge at any time. I further understand that, if employed, I will abide by all policies, rules and procedures of the City of Hutto. I understand the City of Hutto follows an "employment at will" meaning the City of Hutto may terminate my employment at any time, for any reason consistent with applicable state or federal law. This "employment at will" policy cannot be changed verbally or in writing.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_